

CLAIMS ONLY							Application Number <b>10 502147</b>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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50										
Total										
Indep	4									
Total										
Depend	28									
Total										
Claims	32									